



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

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STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Waihee

John III.

D

Last Name

First Name

M.I.

Native Hawaiian Roll Commission

Chairman

State Agency

State Position

CONTACT INFORMATION

711 Kapi`olani Blvd, Suite 1150

Number and Street or P.O. Box

Honolulu

HI

96813

City

State

Zip Code

(808) 594-0088

sugi.carlson@nhrcmalama.org

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: Not applicable Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____



Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

John III. Waihee

Signature

June 28, 2012

Date

RECEIVED BY U.S. MAIL